MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

October 2002

DATA SYSTEMS & ANALYSIS

Data Base and Software Development

Board of Pharmacy – Web-Based Renewal Initiative
MHCC has signed a memorandum of understanding to assist the Board of Pharmacy (BOP) in developing a web-based renewal application for pharmacies. MHCC will provide the software development expertise for this initiative and BOP will provide all hardware, software, ISP, and post launch technical support for the initiative. MHCC and BOP's intent is to have the application operational by early December.

Maryland Long-Term Care Survey
The Commission will release the 2001 Long Term Care Survey to 716 comprehensive care, assisted living, sub-acute, and adult day care facilities on October 21st. The number of facilities completing the survey has dropped slightly from 2000. The decline in the number required to complete the survey not only reflects real changes in the number of facilities but better coordination between the Office of Health Care Quality and MHCC to reconcile facilities holding multiple licenses. In addition, MHCC has exempted some sub-acute facilities that formerly completed survey.

Table 1 – Maryland Long-Term Care Survey
Comparison of Reporting Facilities 1999-2001

Type of Facility	2001 Survey	2000 Survey	1999 Survey
Comprehensive Care Facilities	206	191	181
Comp/Assist Facilities	16	43	44
Subacute/Chronic	32	41	N/A
Assisted Living Facilities	340	344	126
Adult Day Care	122	136	112
Grand Total:	**716**	**755**	**463**

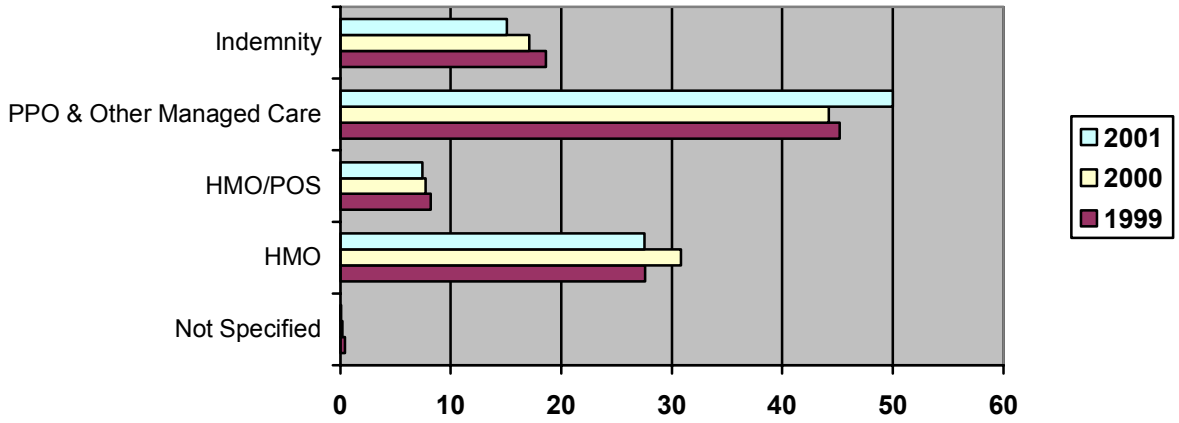
The 2001 survey contains 74 questions. With most facilities answering fewer than 50 questions, MHCC has reduced the level of effort required to complete the survey by consolidating information already collected by the state. Most Medicaid-certified comprehensive care facilities will no longer be required to provide detailed cost information because MHCC has obtained access to Medicaid cost information from the Medical Assistance Program. In past years, Medicaid-certified facilities were required to resubmit this information as part of the survey.

The Commission staff will provide Long Term Care Survey training at two National Guard sites and the DHMH Training Center on Preston Street beginning October 22nd. All of the training sites are equipped with large training rooms that contain Internet-enabled workstations.

Medical Care Data Base Development

The Commission's data base contractor has completed initial edits on data submissions for the 2000 Medical Care Data Base. Total service volume remained steady from last year at just under 70 million services. Figure 1 shows that about 85 percent of all services are provided in either preferred provider organization (PPO) or health maintenance organization (HMO) settings. This percent is up from about 83 percent in 2000 and 81 percent in 1999. The share of claims reported by HMOs fell in 2001. The percent of services submitted by HMOs decreased from 31 percent to 27 percent from 2000 to 2001. This decline is consistent with the drop in HMO enrollment across Maryland of over 100,000 covered lives. The volume of HMO services climbed in 2000 despite a similar drop in enrollment due to improved data reporting and a shift away from capitation.

Figure 1: Delivery System for Services Provided By Private Payers



Cost and Quality Analysis

State Health Care Expenditure Report Redefined

The *2001 State Health Care Expenditure Report* (SHEA) will be refocused to improve its accessibility as a reference document. Specifically, each text section will be limited to approximately two pages with not more than 2-3 essential messages per section. One or two charts or very short tables (much as has been the case in past reports) will be used to illustrate these messages. Each 2-3 page section will be organized to facilitate answering policy-relevant questions. This perspective will lead to some reorganization of information as presented in past SHEA reports, but will help more readers to understand the value of the document. More detailed tables will follow the main text section of the report. The detailed tables will be organized to expand on the main messages from each section.

In addition to the report, MHCC will produce a series of short *"SHEA Findings"* to be published periodically during the year. These short reports will provide additional value to users, remind users that the SHEA is available as a reference tool, and demonstrate the ongoing usefulness of the SHEA. Each *"SHEA Findings"* will focus on a single idea. Each "Finding" will be limited to information that can be derived directly from the SHEA, but each may offer analysis or interpretation of that information not contained in the annual SHEA report. Staff will identify

this year's *"SHEA Findings"* in November upon making a full assessment of this year's data. An anticipated focus will be the changes in private insurance plans and coverage related to spiking health care costs. Staff is studying the feasibility of organizing a statewide conference on health expenditures that could serve as a means of focusing renewed attention on the continued rapid growth in spending.

Special Studies and Analyses
MHCC has issued a task order to Project Hope of Bethesda to examine variations in the use of emergency room services. In the initial phase of the task order, Project Hope will characterize models of emergency department (ED) organization and evaluate whether any of the models are more or less likely to promote appropriate use of the ED. The second phase of the task order will examine characteristics of emergency room visits using emergency room data collected by the Health Services Cost Review Commission (HSCRC). Project Hope will study emergency room utilization during periods of typical and high use as indicated by MIEMSS alert status. As part of the work, Project Hope will apply appropriate measures to ED visits to determine if the share of appropriate visits differs during normal and high utilization periods. Lastly, Project Hope will attempt to characterize Maryland hospital emergency departments by type of model and other organization characteristics in order to empirically test how these factors affect appropriate use. Project Hope will deliver a report to the Commission early next year.

EDI Programs and Payer Compliance

HIPAA Awareness
The staff continues to provide HIPAA awareness to Maryland providers. We have noted a heightened anxiety as the HIPAA deadline for meeting the transaction standards approaches. Although most covered entities will file for an extension, many small providers are uncertain whether they are required to file with CMS. MHCC staff recommends that providers file for a one-year extension unless they have written confirmation from their clearinghouse or practice management vendor that they will be compliant by the October 15, 2002 deadline. In September, staff met with the following entities:

- Presented to **Western Maryland Healthcare System**, an organized health care arrangement, on the HIPAA requirements for transaction standards and privacy.

- Presented to **MedStar**'s physicians and administrative staff at **Franklin Square Hospital**. As a result of the presentation, Franklin Square's Chief Privacy Officer has asked staff for additional educational support on HIPAA.

- Staffed the Commission's display booth at the **Maryland State Dental Conference** and **MedChi State Conference** in Ocean City, Maryland.

- Conducted a regional HIPAA awareness meeting with **cardiologists** in the Frederick area.

- Developed a HIPAA newsletter for the **Medical Bulletin**. The editor has invited the Commission to write a newsletter on HIPAA each month. Staff is seeking articles from industry representatives on HIPAA to publish in the monthly Medical Bulletin.

- Presented on EDI/HIPAA to the **Prince George's County Medical Society**. In the past, staff presented on EDI/HIPAA to this medical society; however, they requested a more in-depth review of the transaction standards.

- Provided support to the **Maryland Podiatric Society** in setting an EDI/HIPAA awareness session for podiatrists.

- Set up two regional EDI/HIPAA awareness sessions for **chiropractors** in the state. These sessions are aimed at chiropractors that are not members of the Maryland Chiropractic Association.

- Conducted two EDI/HIPAA awareness sessions at **North Arundel Medical Center**. The first session was structured as an overview of HIPAA's Administrative Simplification and the second focused on the final privacy regulations.

- Provided assistance to the **Western Maryland Healthcare System** in setting up two regional HIPAA presentations in Cumberland. The first presentation will focus on an overview of HIPAA's Administrative Simplification requirements. The second session is structured to provide a more in-depth review of complying with the transaction standards.

- Initiated contact with the **Hearing Society of Maryland** as it relates to HIPAA awareness. Staff will present to their members in late October.

- Presented on EDI/HIPAA to **GBMC**'s medical staff.

- Initiated contact with the **Society for Human Resources Management** (SHERM). Staff plans to work with SHERM on **educating self-insured employers** on HIPAA's privacy regulations.

- Presented on EDI/HIPAA to the **Medical Group Managers Association of Upper Chesapeake**. This association consists of nearly 100 office managers and administrators. Staff has observed that HIPAA awareness levels among the members seems to be lagging relative to other medical group manager associations.

Privacy and Security Assessment Tools
The staff completed the revision of the MHCC ***Privacy Assessment Guide***. The revised guide contains the modifications that the federal government made to the privacy regulations on August 14, 2002. The HIPAA/EDI Work Group will review the guide at its October meeting and we hope to have the guide ready for public release by November 1st.

The staff has met with the **North Carolina Health Information and Communications Alliance** (NCHICA) to discuss upgrading the Privacy Readiness CD tool (***HIPAA EarlyView Privacy™***) to include the most recent changes in the privacy regulations. NCHICA has informed staff that it cannot cover the cost of distributing the software to Maryland providers at $10 per CD. NCHICA has proposed that Maryland providers be allowed to purchase the new product at $50 per copy. Staff is evaluating this request and looking at other means of distribution.

EHNAC Accreditation
MHCC provided assistance to Cortex EDI and Protologics in developing documentation and evidence required to obtain EHNAC/MHCC certification. Cortex EDI and Protologics are small electronic health networks in candidacy status for EHNAC/MHCC certification under the small claims clearinghouse certification program.

MHCC participated with representatives from the MHA on a conference call with WebMD to gain an understanding of WebMD's progress in meeting the transaction standard requirements for HIPAA. WebMD has confirmed that it is capable of sending and receiving claims, remittance advice, and eligibility inquiries in HIPAA compliant formats.

PERFORMANCE & BENEFITS

Benefits and Analysis

Comprehensive Standard Health Benefit Plan (CSHBP)
At the September meeting, Commission staff presented the analysis and staff recommendations on the proposed benefit changes to the CSHBP, as suggested by the General Assembly and various stakeholders. A public hearing on the proposed benefit changes was held on October 9, 2002, where testimony was presented by the Maryland Chamber of Commerce and various brokers on modifying the prescription drug benefit and other cost sharing issues in the CSHBP. At the October meeting, the Commission will vote on each proposal. At the November meeting, Commission staff will present its annual review of the CSHBP for Commission approval.

Commission staff has developed a website to be used as a guide for small business owners in their search for health insurance for their employees. This "Guide to Purchasing Health Insurance for Small Employers" is available on the Commission's website (www.mhcc.state.md.us/smgrpmkt/index.htm).

MIA has issued regulations that alter the self-employed open enrollment periods in the small group market from twice per year to once per year (each December, beginning in 2002).

Evaluation of Mandated Health Insurance Services
At the December 2001 meeting, the Commission approved the mandated benefits report prepared by Mercer for public release. The final report was sent to the General Assembly in January 2002. It is available on the Commission's website at:
(http://www.mhcc.state.md.us/cshbp/mandates/finalmercerreport.pdf. Printed copies are available from Commission staff. Legislators were allowed until July 1, 2002 to request an evaluation of mandated insurance services as to their fiscal, medical and social impact. To date, several evaluations have been received. In addition, all mandated benefits that either passed or failed during the 2002 General Assembly session will be evaluated in the December 2002 report.

Substantial Available and Affordable Coverage (SAAC)/High-Risk Pool
The General Assembly enacted and the Governor signed HB 1228 (this year) under which the SAAC program and the Short-Term Prescription Drug Subsidy Program will be replaced with the Maryland Health Insurance Plan Fund and Senior Prescription Drug Program. Both will be administered by the newly created Maryland Health Insurance Plan (MHIP), an independent agency within the Maryland Insurance Administration (MIA). The Executive Director of the MHCC is a member of the Board. The MHIP Fund is financed through a proportionate assessment on hospital net patient revenue that would equal the CY 2002 SAAC funding. The new program is required to be operational on July 1, 2003, and hospitals must begin paying the assessment as of April 1, 2003 in order to fund the start-up. The MHIP Board is responsible for running the programs. Carriers must report to the MIA the number of applications for medically underwritten individual policies that they have declined. The Senior Prescription Drug Program is funded through enrollee premiums and a subsidy by a nonprofit health service plan (CareFirst) not to exceed its premium tax exemption. The MHCC is no longer responsible for developing the

benefit plan. The MIA requires CareFirst (Maryland and D.C.) to have the last SAAC open enrollment in December 2002.

Legislative and Special Projects

Nursing Home Report Card
Chapter 382 (SB 740) of 1999 requires the Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. The web-based Nursing Home Performance Evaluation Guide is available through the Commission's website. An updated version of the Guide is now available and includes a revised Deficiency Information page, updated data from the Minimum Data Set and the MHCC Long Term Survey, as well as an advanced search capability, allowing consumers to search by facility characteristics and certain services.

The Commission is participating in a pilot program currently underway that is sponsored by the federal Centers for Medicare and Medicaid Services (CMS). Eight of the nine newly developed quality measures are now being displayed on the Maryland Guide in the same format as the current Quality Indicators are, utilizing the symbols that separate the top 20%, bottom 10% and all others. The national rollout of the CMS Nursing Home Quality Initiative is scheduled for November 2002. CMS has adopted eight of the nine currently reported measures (seven of the eight that MHCC displays), with two of those measures also being displayed using a risk-adjustment methodology called a "Facility Adjustment Profile" (FAP). The Nursing Home Steering Committee unanimously agreed to not feature the version of those two measures with the FAP – there was a concern that consumers would be confused as to why two of the same measures were being displayed using two different methodologies.

Hospital/Ambulatory Surgical Facility Report Card
Chapter 657 (HB 705) of 1999 requires the Commission to develop similar performance reports on hospitals and ambulatory surgical facilities (ASFs). The required progress report has been forwarded to the General Assembly. The Commission has contracted with the Delmarva Foundation, in partnership with Abt Associates, to: (1) analyze hospital data to develop appropriate indicators for inclusion in the Hospital Performance Evaluation Guide, and (2) design and execute a consumer-oriented website for the Guide. The initial version of the Hospital Performance Evaluation Guide was unveiled at a press conference on January 31st.

The first iteration of the Hospital Guide features structural (descriptive) information and the frequency, risk-adjusted length-of-stay, and risk-adjusted readmissions rates for 36 high volume hospital procedures (diagnosis related groups or DRGs). Data for those facilities with less than 20 discharges per DRG in the reporting period are not presented. Readmission rates for circulatory system diseases and disorders are currently under review and will be released at a later date. A workgroup met and discussed issues related to readmission rates for circulatory system diseases and disorders and analysis of the suggestions is currently underway.

Data collection for the two core measure sets (Congestive Heart Failure and Pneumonia) under the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) ORYX initiative has begun. Data will be gathered on a pilot, or test, basis for the first and second quarters of 2002. Each hospital's information for Quarter Two of 2002, along with the state average, is currently available to that particular hospital. The Delmarva Foundation, our contractor for this data collection effort, has been working with the hospitals and ORYX measurement instrument vendors to provide technical assistance for the logistics of transmitting

the data and to assist the hospital personnel in understanding the specifications for collecting the data. Data gathered between July and December 2002 (Quarters 3 and 4) will be made publicly available in the second iteration of the Hospital Guide in Spring 2003. A separate guide is being developed for the ambulatory surgical facilities (ASFs). It is anticipated that the ASF Consumer Guide will be made public in the summer of 2002.

Uninsured Project
DHMH, in collaboration with MHCC and the Johns Hopkins School of Public Health, was recently awarded a $1.2 million State Planning Grant by the Health Resources and Services Administration (HRSA). HRSA is the federal agency that oversees programs to ensure access to care and improve quality of care for vulnerable populations. The one-year federal grant provides Maryland with substantial resources to examine the state's uninsured population and employer-based insurance market and to develop new models to make comprehensive health insurance coverage fully accessible to all Maryland residents.

Among the several activities, the one year grant will enable DHMH and MHCC to conduct further analysis of existing quantitative data sources (Maryland Health Insurance Coverage Survey, MEPS-IC, and CPS), as well as collect additional data that will help us design more effective expansion options for specific target groups. In addition, we will be conducting focus groups with employers in order to better understand the characteristics of firms not currently participating in the state's small group market. For those firms currently participating in the CSHBP, issues will be probed relating to costs of coverage and knowledge of the base CSHBP. In an effort to increase the take-up rate in the small group market, marketing materials will be developed and presented to the focus groups for review and modification. An RFP detailing these activities has recently been released.

This Grant will also fund a follow-up survey or focus groups of the uninsured respondents of the Maryland Health Insurance Coverage Survey. A report to the Secretary of the Department of Health and Human Services is due at the end of the grant period (June 30, 2003). The report must outline an action plan to continue improving access to insurance coverage in Maryland.

Patient Safety
Chapter 318 (HB 1274) of 2001 requires the Commission, in consultation with DHMH, to study the feasibility of developing a system for reducing preventable adverse medical events. A Maryland Patient Safety Coalition was initiated by the Delmarva Foundation and, at this time, is serving as the Commission's sounding board for its activities related to patient safety. Three workgroups have now been formed: one to look at issues related to systems changes to be recommended; one to address current regulatory oversight and reporting requirements; and a third to discuss issues related to a proposed Patient Safety Center.

A preliminary report, approved by the Commission at the December meeting, was sent to the General Assembly. One of the preliminary recommendations has been enacted by the General Assembly and signed by the Governor. That bill removes the medical review committee statute that applies to all health care practitioners from the BPQA statute, where it is currently codified, and places it in a separate subtitle within the Health Occupations Article to make practitioners more aware of the protections available to them. It also codifies case law to clarify that certain good faith communications designed to lead to remedial action are protected even when they are not made directly to a medical review committee or committee member, but are nevertheless designed to remedy a problem under the jurisdiction of a medical review committee.

Commission staff, along with the University of Maryland Organized Research Center (as the Principal Investigator), LogiQ (a non-profit research entity affiliated with the Maryland Hospital Association) and the Delmarva Foundation recently submitted a proposal for a federal grant that would fund the creation of a Patient Safety Center. The grant proposal was submitted October 1, 2002.

HMO Quality and Performance

Distribution of 2001 HMO Publications

<table>
<tr><td rowspan="2">Cumulative distribution - beginning with release of each publication</td><td colspan="3">9/28/01 - 9/23/02</td></tr>
<tr><td>Paper</td><td colspan="2">Electronic/ Web</td></tr>
<tr><td rowspan="4">Comparing the Quality of Maryland HMOs: 2001 Consumer Guide (30,000 printed)</td><td rowspan="4">27,133</td><td rowspan="2">Interactive version</td><td>Visitor sessions = 1,680</td></tr>
<tr><td>Hits = 7,721</td></tr>
<tr><td rowspan="2">pdf versions</td><td>Visitor sessions = 6,953</td></tr>
<tr><td>Hits = 29,688</td></tr>
<tr><td>2001 Comprehensive Performance Report: Commercial HMOs in Maryland (700 printed)</td><td>692</td><td>Visitor sessions = 1,125</td><td>Hits =4, 631</td></tr>
<tr><td>2001 Guide for State of Maryland Employees (80,000 printed)</td><td>80,000</td><td colspan="2">Visitor sessions =1,110</td></tr>
</table>

2001 Policy Report – distribution continues until Jan. 2003

Policy Report on Maryland Commercial HMOs: The Quality of Managed Care **(1,500 printed)**	1,170	Visitor sessions = 973	Hits = 3,594

Distribution of 2002 HMO Publications – began Sept. 23, 2002

<table>
<tr><td rowspan="2">Cumulative distribution - beginning with release of each publication</td><td colspan="2">9/23/02 – 9/30/02</td></tr>
<tr><td>Paper</td><td>Electronic/ Web</td></tr>
<tr><td rowspan="2">The 2002 Consumer Guide to Maryland HMOs & POS Plans (25,000 printed)</td><td rowspan="2">17,530</td><td>Interactive version
Visitor sessions = 22</td></tr>
<tr><td>pdf versions
Sept.
Visitor sessions = 756</td></tr>
<tr><td>2002 Comprehensive Performance Report: Commercial HMOs & Their POS Plans in Maryland (700 printed)</td><td>277</td><td>Visitor sessions = 78</td></tr>
</table>

2001 HMO Publication Distribution by Category Sept. 2001 – Sept. 2002			
Category	**Consumer Guide 30,000 printed**	**Compre-hensive Report 700 printed**	**Policy Report 1,500 Printed**
Public Libraries (includes depositories for government publications)	18,108	270	168
Academic Libraries/Graduate Programs	1,346	19	93
HMOs	2,084	68	26
Maryland consumers requests	420	13	4
Insurance Brokers	346	0	4
MD Legislators and Staff/State Agencies	616	76	467
Press Conference (includes media)	103	40	134
National Contacts / Requests	60	35	70
Physicians/health care providers	403	5	57
Unions / Large Employers / Organizations	2,261	13	70
MHCC Contractors	135	24	61
Small Businesses	106	0	2
Schools	50	0	0
Local Government	38	35	0
Not Specified	1,007	94	14
Publications Remaining	2,867	8	380
Cumulative Totals:	**27,133**	**692**	**1,170**

2002 Press Conference

The 2002 press conference for the HMO/POS publications took place at the University of Maryland Medical School Teaching Facility on September 23rd. The Guide for Consumers, Guide for State Employees, and the Comprehensive Report were each released at the event. In addition to remarks by Delegate Michael Busch and Secretary Benjamin, representatives of two health plans included in the HMO/POS publications spoke about how Kaiser and M.D. IPA / OCI use data to improve performance and educate staff and members. Staff of the University of Maryland School of Medicine provided critical logistical assistance for the fourth year that the press conference has been held at the University of Maryland. Press coverage, to date, has included: the Baltimore Sun, Washington Post - Health Section, Baltimore Business Journal, and Annapolis Daily Record. Barbara McLean has been interviewed about the HMO/POS reports on television station 54 and WVNA, a radio station in Annapolis.

Distribution of Publications

Even before the press conference, requests poured in for the 2002 edition of the HMO/POS Guide for Consumers. Constellation Energy, parent of BGE has been among the local companies requesting hundreds of copies of the Consumer Guide and quantities of the Evaluation Guide Bookmark (which provides a description and website address for the MHCC Guides) to provide to employees during open enrollment. David Sharp, when presenting information about MHCC's EDI and HIPAA activities, also provided attendees at a MedChi conference with copies of the 2002 HMO/POS Guide for Consumers. The Tech Council of Maryland will use its e-mail newsletter to announce availability of the new Guide for Consumers to its member companies.

Staff is focusing on fall distribution of the 2002 publications. Letters and publications have been shipped to the entire Maryland legislature and key staff members. Each of the nine commercial health plans and every public and academic library in the state have been sent quantities of the guide for consumers and reference copies of the employee and comprehensive reports. Our vendors, Market Facts, HealthcareData.com, and NCQA have also received quantities of the reports. HealthcareData will ensure that each of our auditors for the 2003 review of HEDIS data has a copy of the reports from 2002. Requests from individuals and groups that have been received to date have all been filled.

Distribution for three of the 2001series of HMO publications is complete. This month's totals (shown in the first and third tables above) are **final counts** for all 2001 series HMO publications, except the Policy Report that was released in January 2002.

The HMO Quality & Performance Division continues its transition in how it reports electronic use of its publications. For several months distribution data have included "visits". Whereas in the past, when a visitor went to a location on the website, each graphic image or document on the page was recorded (as a "hit"), we want to count "downloads" which occur when posted documents are converted to a readable, .pdf, format. This allows us to estimate the number of people who visit a publication, making our counts more analogous to counts of paper publications that are disseminated to individuals. The format in which our new web host reports these data still requires some fine-tuning. As stated in previous updates, numbers of visits will be significantly lower, though more meaningful, than numbers of hits reported in the past. The table above shows both hits and visitor sessions for .pdf versions of HMO documents, for the period September 2001 through September 2002. **Only visits will be reported for the 2002 series of publications.**

2002 Performance Reporting:

Audit of HEDIS Data
On September 18th, the Board of Public Works approved the two-year option remaining in MHCC's contract with HealthcareData.com for audit services in 2003 and 2004. HDC, has completed all seven deliverables for the 2002 audit season. The company has provided us with an update on changes to HEDIS for 2003. It has also advised us that HDC staff will attend NCQA's Auditor's Update Training Conference in November. Information on changes in the audit process for 2003 will be provided to the Commission. MHCC's 2002 Comprehensive Report will be used to look at plans' performance over time during the 2003 audit process.

Consumer Assessment of Health Plan Study (CAHPS) Survey of Plan Members
In early July, Market Facts completed its last 2002 contract deliverable, final reports of survey results (in paper format) for MHCC and each of the nine plans. Market Facts provided the Commission with a written description of the survey process for inclusion in the 2003 Comprehensive Report. This was a new addition to the report and will provide readers with information about one of the primary sources of data used in the HMO/POS publications.

Performance Report Development Contract
The 2002 Guide for Consumers, the Guide for State Employees, and the Comprehensive Performance Report were completed and printed (by MHCC's printers) on time. New titles reflect that information will help point of service members as well as HMO members as they compare plan performance. *The 2002 Consumer Guide to Maryland HMOs and POS Plans* is the name of the new consumer guide. Work has already begun on the final report of the 2002 series, the

Policy Report on Maryland Commercial HMOs and their POS Plans. MHCC gave NCQA many reference items to possibly use in the report.

Interactive Web-based Consumer Guide
For the fourth year, Glows in the Dark, a web design firm, converted the consumer guide into an interactive report. The electronic document allows visitors to the MHCC website to create custom HMO/POS reports that include as many or as few plans as they like. Glows completed all work on time. On September 23rd, that company posted, and will host through September 2003, both the interactive version of the consumer guide and a .pdf version. Visitors to the Commission website can access the reports through an invisible link.

HEALTH RESOURCES

Certificate of Need

During September, staff issued a total of nine determinations of coverage by Certificate of Need review, one of which found that a proposed action did require Certificate of Need approval by the Commission. The CON-reviewable proposal involves a plan to relocate ten existing comprehensive care facility (CCF) beds from Forest Glen Nursing and Rehabilitation Center to the nursing facility at Bedford Court, a continuing care retirement community. Both facilities are located in Montgomery County. Staff responded to a request for determination of coverage of the various parts of this transaction, and cited the State Health Plan's prohibition against selling waiver beds (Forest Glen had originally proposed selling ten unlicensed waiver beds) and against selling licensed beds that would immediately be replaced by waiver beds.

Also during September, staff issued, simultaneously, two determinations related to the same nursing facility, Mariner Health of Kensington: one was related to its acquisition by Nationwide Health Properties, and the other acknowledged the leasing of the operation of the facility by Xavier-Kensington LLC.

Staff issued three determinations related to the authorized licensed capacity of comprehensive care facilities: one of these permitted SunBridge Care and Rehabilitation at Elkton, in Cecil County, to temporarily delicense 22 beds. Another determination letter declared that Franklin Square Hospital Center had abandoned the right to operate 24 CCF beds, formerly operated as its Transitional Care Unit, because the hospital did not comply with the Commission's regulations through which delicensed capacity remains in good standing. A third determination authorized St. Joseph Medical Center to increase the bed capacity of its subacute care unit by 6 beds, to 32 CCF skilled nursing beds, as permitted by regulations related to small, separately-licensed units within acute general hospitals.

Of three determinations related to office-based ambulatory surgical capacity issued during September, one denied a request by a HealthSouth surgery center in Baltimore City for a second six-month extension of a temporary closure originally authorized for one year. Another determination authorized the establishment of a single operating room and a non-sterile procedure room in a Baltimore County ophthalmology practice, and a third found that a four-procedure room endoscopy center did not require CON review.

Acute and Ambulatory Care Services

Several Commissioners and members of the Commission staff attended a site visit at Johns Hopkins Hospital on Monday September 23, 2002. The purpose of the site visit was to familiarize the Commission with the hospital's short- and long-range capital improvement plans.

A draft of a revised State Health Plan chapter on acute inpatient services, COMAR 10.24.10, was released for informal public comment at the September 20, 2002 Commission meeting. This draft has been posted on the Commission's website and mailed to all Maryland acute care hospitals and other interested persons.

The fifth edition of the *Maryland Ambulatory Surgery Provider Directory* was also released at the September 20th Commission meeting. The Directory, using information from the Commission's 2001 Freestanding Ambulatory Surgery Facility Survey, is available on the Commission's website. The Directory mailing list included 394 providers and other interested persons, as well as six additional requests for the Directory.

Staff is working with the Maryland Hospital Association on a survey of hospital occupancy at various times of the day. Staff anticipates that this information will answer questions about occupancy at peak census times, and will contribute to revisions to the State Health Plan chapter on acute inpatient services.

Staff met with staff of the Health Services Cost Review Commission on September 24, 2002 to discuss pending hospital capital projects, acute care planning issues and other issues of mutual interest. Staff also met with representatives of several hospitals and health systems to discuss potential capital improvement projects.

Long Term Care and Mental Health Services

Staff of the Long Term Care division met with Certificate of Need staff to update the inventory of nursing home beds. Staff participated in the Maryland Department of Aging's Innovations in Aging Services Grants council meeting on October 8, 2002. This is the first award of grants by the Department for innovative programs in aging services. Staff of the Long Term Care division, together with staff from the Data and Systems Analysis division, convened a meeting of Minimum Data Set (MDS) coordinators from selected nursing homes in order to more fully understand the coding process. This should assist staff in designing data analysis files for policy development. In addition, staff provided technical assistance to the West Virginia Health Authority in order to assist them in developing surveys for nursing home, home health, and hospice services.

Specialized Health Care Services

The Quality Measurement and Data Reporting Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care held its third meeting on September 17, 2002. Eric D. Peterson, M.D., M.P.H., Associate Professor of Medicine in the Division of Cardiology at the Duke University School of Medicine and Director of CV Outcomes and Quality at Duke University Medical Center, discussed the National Adult Cardiac Surgery Data Base and Outcomes Program of the Society of Thoracic Surgeons (STS). His presentation on the STS National Database: A Model for Medicine in the Information Age included a discussion of improvements in the STS national report; the development of risk models; observational clinical

research and a clinical trials network; collaboration with federal agencies; and state and regional issues and answers. Ralph G. Brindis, M.D., M.P.H., Professor of Medicine at the University of California, San Francisco, and Chief of Cardiac Services at San Francisco Kaiser Hospital, presented information on the National Cardiovascular Data Registry of the American College of Cardiology (ACC). In his presentation on Crossing the Quality Chasm, Dr. Brindis discussed the goal of measurement and the ACC's role in the measurement of cardiovascular disease; variation in practice and outcomes and the absence of data standardization; methods of risk adjustment; continuous quality improvement; and the ACC's quality data program to assure the completeness, consistency, and accuracy of its data. The STS and ACC are working on standard definitions for the two databases. The benefits of participation in the national databases include cost savings through data standardization and economies of scale. At its next meeting, the subcommittee will receive a report from its Cardiac Surgery Data Work Group.

The Cardiac Surgery Data Work Group of the Quality Measurement and Data Reporting Subcommittee met on September 19th. Joel Tornari, Assistant Attorney General and Commission Counsel, gave a brief presentation on legal issues related to the collection, analysis, and use of data on cardiac surgery outcomes. The discussion focused on the authority under which the data would be collected, and the disposition and control of the data.

The Inter-Hospital Transport Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care held its second meeting on September 30th. The subcommittee heard several presentations on transport services for cardiac and other critical care patients. Patricia Casals, R.N., Clinical Nurse Manager of Interventional Cardiology at Peninsula Regional Medical Center (PRMC), distributed and discussed data on air and ground inter-hospital transports of cardiac patients to PRMC in 2002. Ed Rupert, Director of Air and Ground Transport at Washington Hospital Center, presented data on MedSTAR helicopter transports of cardiac patients in fiscal year 2002. Todd Walker, Regional President of the Mid-Atlantic Region of Rural/Metro Corporation, described the vehicles, equipment, staff, and numerical priority assigned to critical care transports, including those of a "cardiac nature." The services provided by Rural/Metro, an ambulance company, include emergency and non-emergency medical transportation, and communication and dispatching services. Stephen Pollock, M.D., of Mid-Atlantic Cardiovascular Associates, P.A., and Lucy A. Ferko, R.N., Administrative Director of Cardiac Services at St. Joseph Medical Center, discussed the Team Critical Care (TCC) Transport System. Rural/Metro Corporation, Sinai Hospital, St. Joseph Medical Center, and Union Memorial Hospital formed an alliance to develop TCC, an inter-hospital cardiac transport service, in November 1999. Guy Barber, Outreach Coordinator for STAT MedEvac, presented information about the regional bases, flight crews, critical care transport requests, and "one-call" system of the air medical transport service. A consortium of seven hospitals in Western Pennsylvania directs STAT MedEvac, which has contracts with non-member hospitals.

The Steering Committee and the Quality Measurement and Data Reporting Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care held a joint meeting on October 2nd. The Steering Committee reviewed a draft Interim Report summarizing the Advisory Committee's progress to date. James Scheuer, M.D., Chairman of the Steering Committee, asked the members to submit their comments on the draft document to Pamela W. Barclay, Deputy Director for the Commission's Health Resources Division, by October 4th. The focus of the special, joint meeting was a presentation by William Nugent, M.D., of the Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire. Dr. Nugent discussed the Northern New England Cardiovascular Disease Study Group (NNECDSG) and its initiatives to reduce mortality and improve quality after cardiac surgery. The NNECDSG, a voluntary consortium of six medical centers in Maine, New Hampshire, Vermont, and Massachusetts,

maintains a prospective registry of all patients receiving cardiac surgery in the northern New England region. The NNECDSG owns the data, which it uses for medical peer review. Dr. Nugent presented the results of a number of regional studies published by NNECDSG, including modes of death associated with coronary artery bypass grafting (CABG); the effect of aspirin use before surgery on in-hospital mortality in CABG patients; use of the internal mammary artery graft and adverse outcomes associated with CABG; and the relationship between lowest hematocrit during cardiopulmonary bypass and adverse outcomes associated with CABG. The NNECDSG has also studied valve procedures and percutaneous coronary interventions. Dr. Nugent emphasized identifying the processes that will improve outcomes. In addition, he stressed building credibility and trust. Good data, skilled analysts, and publication of research have contributed to the success of the NNECDSG. On the horizon, the consortium is looking at the appropriateness of interventions and a stroke initiative.

On October 16th, the Interventional Cardiology Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care held its second meeting, at which Thomas Aversano, M.D., Associate Professor of Medicine, Division of Cardiology at Johns Hopkins Medicine, presented information about the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT). Dr. Aversano, Director of the Atlantic C-PORT, discussed the results of the randomized trial comparing primary angioplasty with thrombolytic therapy at hospitals without on-site cardiac surgery, and the ongoing primary angioplasty registry established after the trial closed.

The Long Term Issues Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care will hold its third meeting at 6:00 p.m. on October 17, 2002 in Conference Room 108-109 at 4201 Patterson Avenue. Diane Bild, M.D., M.P.H., Medical Officer in the Division of Epidemiology and Clinical Applications at the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH), will discuss the detection of sub-clinical coronary artery disease. Her presentation will include current methods and future prospects for detecting heart disease early, before it produces symptoms.

At its meeting on September 26th, the Work Group on Rehabilitation Data discussed reducing coding errors in the discharge abstract data and compliance with the new reporting requirements under COMAR 10.27.06 Submission of Hospital Discharge Data Set to the HSCRC, beginning on January 1, 2003. The next meeting of the Work Group will be held at 1:00 p.m. on December 12th at 4160 Patterson Avenue.